

L16000032330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

SEP 26 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lake Nona Insurance Agency

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mando Garcia

Name of Person

Buscando Seguro

Firm/Company

4248 Town Center Blvd. Suite 1

Address

Orlando, FL 32837

City/State and Zip Code

mando@buscandoseguro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mando Garcia

at (407) 304-6449

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

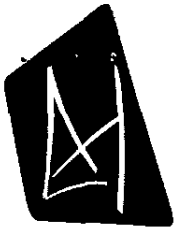
☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



**GARZOR
INSURANCE**
ORLANDO INSURANCE CENTER

September 23rd, 2017

From: Garzor Insurance LLC

To: Florida Division of Corporations

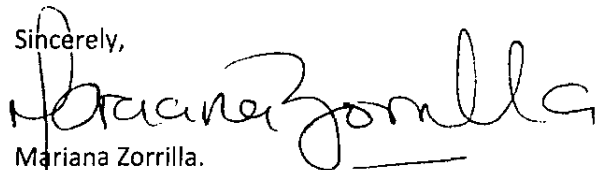
Re: Releasing ownership of Buscando Seguro LLC

To Whom it May Concern,

This letter is to inform you that Garzor Insurance LLC has no longer an interest in using the Name Buscando Seguro LLC ever again. I, Mariana Zorrilla, Managing Member of Garzor Insurance LLC authorize Buscando Seguros LLC to be releasing the above name.

If there are any other questions, please feel free to contact me at mariana@garzorinsurance.com or 321-206-8035 ext 407.

Sincerely,



Mariana Zorrilla.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Lake Nona Insurance Agency, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/16/2017 and assigned
Florida document number L16000032330.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BUSCANDO SEGURO, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City

, Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

N/A

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RITA PALOMO	4248 Town Center Blvd. Ste 1	<input checked="" type="checkbox"/> Add
		Orlando, FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2018 SEP 25 AM 10:33
 RECEIVED
 PLANNING DEPARTMENT
 1000 N. GORRISON AVE
 SUITE 100
 ORLANDO, FL 32837

[illegible]

09/23/2017

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 09/22/17, 2017

Mando Canicio

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